

**SELF-DETERMINATION IN LONG-TERM CARE**  
**Office of Long Term Care Supports and Services**  
**Michigan Department of Community Health**

Michigan's initiative to assure opportunities for consumer self-determination in the MI Choice program has been developed over the past two and one-half years using a grant from the Robert Wood Johnson Foundation's Cash & Counseling National Program office, awarded in October 2004. Self Determination in Long Term Care, Michigan's title for its initiative, is based on the "Cash and Counseling" model of service delivery. Cash and Counseling expansion projects are being funded by RWJF in ten states at this time. Three states; Arkansas, New Jersey and Florida, were pilot states for this project. RWJF also funds the National Program Office for Cash and Counseling who oversee the projects in the states, and provide training, technical assistance and resources to each project. For more information, go to: <http://www.cashandcounseling.org/>

The funding provided supports a state-level Project Coordinator, and assistance to four MI Choice Waiver "Pioneer" sites to support a local project coordinator. Since April 2005, the state-level project coordinator has worked with these four local coordinators to develop the methods and policy guidance that supports these participant-directed service options. As well, the state coordinator has been involved in developing, in partnership with the Waiver operations unit in the Medical Services Administration, necessary amendments to the MI Choice Waiver to allow certain services to be directly controlled by the waiver program participants. To date, there are 100 participants who are enrolled in the initiative and who are managing an individual budget and directly employing and managing their personal assistance workers. In FY 2008, the option for offering arrangements that support self-determination for MI Choice Waiver program participants is to be expanded across the remaining 17 MI Choice Waiver Program entities.

The Self-Determination in Long-Term Care initiative works for individual MI Choice Waiver program participants in this way:

1. A MI Choice participant who has been informed of this option may request to become a participant in service arrangements directly controlled and directed by the participant.
2. A review of the individual's plan of services is conducted using a person-centered planning process, and necessary service arrangements are confirmed/reconfirmed. The plan is costed out and an individual budget is developed from the plan of services and the costs associated with the plan.
3. Once agreement is reached on the plan and the individual budget, the individual and the MI Choice Waiver Agent entity sign a Self-Determination Agreement, outlining the roles and responsibilities of the Waiver program entity and the participant.
4. The individual budget is controlled and directed by the participant so that they may select, employ and compensate the participant's direct service workers. However, funds comprising the individual budget are not provided to the participant. Instead, they are lodged in a qualified independent entity called a fiscal intermediary.
5. The fiscal intermediary works with the program participant to handle deployment of the funds in the individual budget so that they are able to be applied with increased flexibility and control by the participant. The fiscal intermediary is responsible for numerous tasks related to employer responsibilities, such as: background checks, payroll and related taxes and monthly reports on spending to participant and waiver agent. Fiscal intermediaries submit to a rigorous review process in order to qualify as a provider.

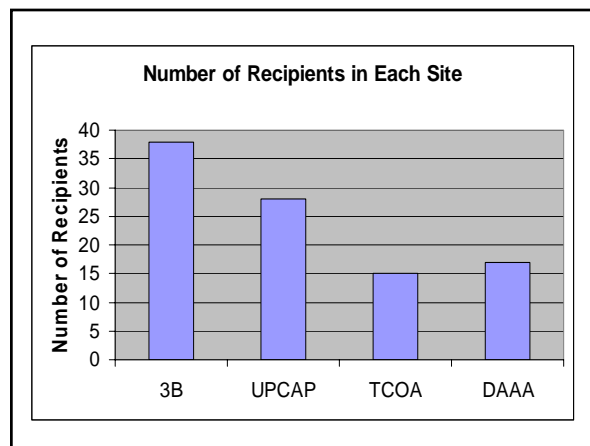
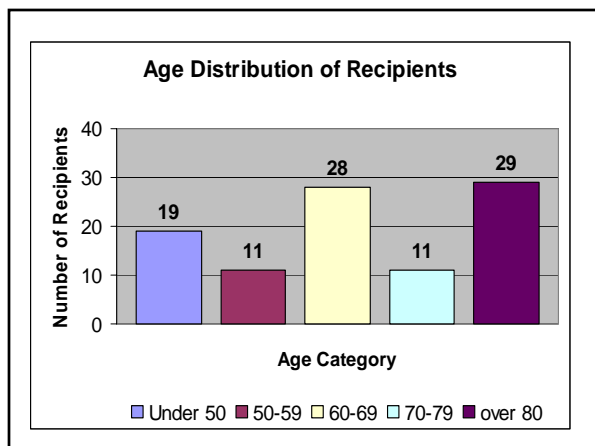
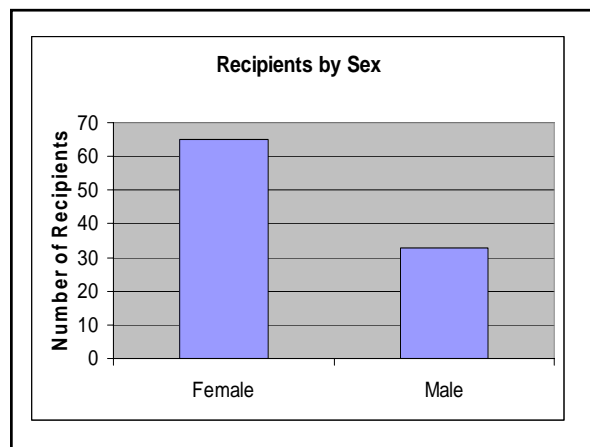
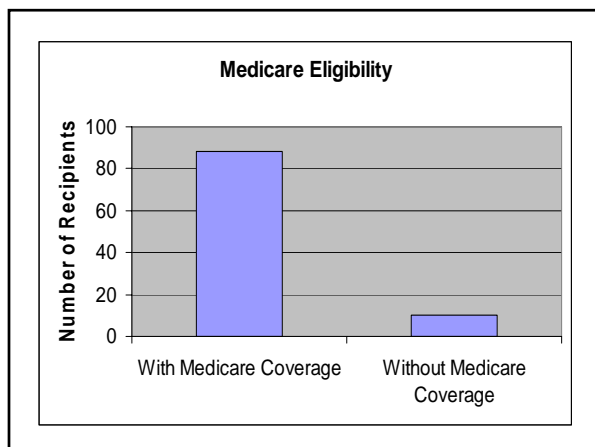
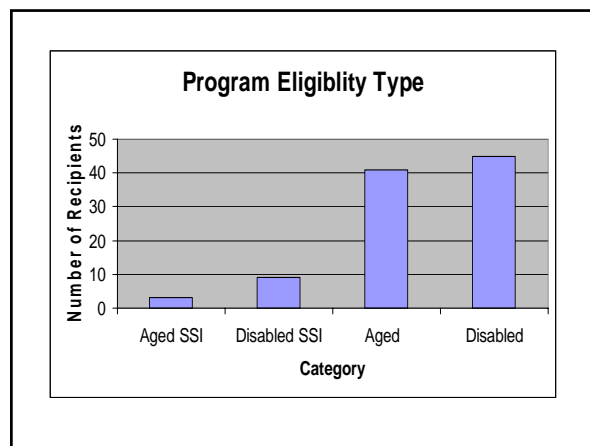
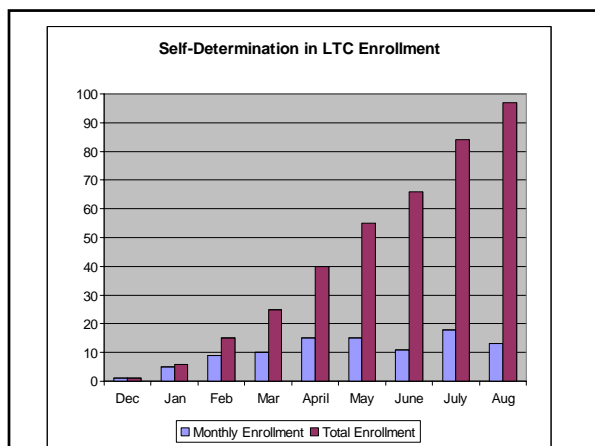
6. The fiscal intermediary also performs a fiscal management role for agency funds for services on behalf of the MI Choice Waiver agent entity, providing monthly reports of individual budget use to the Waiver agent, and to the participant. Fiscal intermediaries are required to be bonded and to carry insurance for the amount of their budgetary liability for MI Choice Waiver funds.
7. Once things are in place, the participant may select, interview and select the personal assistance workers required to provide their authorized waiver services.
8. Participant control and direction is assured via the direct employment arrangement and also through the authority provided to the participant to directly negotiate wages, hours and working conditions. In particular, worker scheduling provides greater opportunity for the participant to obtain direct support in varying amounts based upon how their lives may require this assistance, within an overall monthly allotment.
9. Funds not deployed in a consumer's individual budget may be authorized for the consumer to purchase "goods & services" which are items or services which would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant's safety in the home environment, and are not available through other means. Only participants in self-determination may access the goods and services option and then only with available or perhaps projected savings from their individual budget.

To date, the Self-Determination in Long-Term Care initiative has been extremely well-received by those who have chosen this option. The four MI Choice Waiver Agent entities participating as "Pioneer" sites are: Tri-county Office on Aging (Lansing area), Detroit Area Agency on Aging, UPCAP Services (Upper Peninsula) and Burnham Brook (Battle Creek area). Each Pioneer site dedicates one full time equivalent to coordinate the project on the local level. Each Pioneer Site was awarded \$75,000 over two years and matched that with \$25,000 of their funding to cover the cost of the position. The state project coordinator, Ms. Tari Muñiz, works through the Office of Long-Term Care Supports & Services.

As of September 7, 2007:

- \* 100 Participants have enrolled in Self Determination in Long Term Care
- \* Special training in person-centered planning has been provided to the Pioneer sites.
- \* The majority of workers hired are family members; this program frequently allows them to leave other jobs in order to take care of their loved ones.
- \* The costs of services for participants of Self Determination have not exceeded the costs of their services through traditional waiver service options.
- \* Quality measuring instruments for the participants are being developed to measure both quality of life and satisfaction with services.
- \* Training began in summer 2007 with the other 17 waiver sites to prepare for statewide implementation.
- \* Statewide implementation will be phased in throughout fiscal year 2008.

September 2007



## **SELF-DETERMINATION IN LONG-TERM CARE**

### **Stories**

MF - is a 34 year old female, with Traumatic Brain Injury. She was very dissatisfied with the agency and the workers that were coming 2 days per week (She was approved for daily care, but the agency could never find staff to fill all the hours) The agency would change her staff, send them at odd hours, and change her days of care. The agency also would not allow the workers to “become friends” with MF and therefore they could not socialize together. With Self Determination, she found 2 workers she really liked (a friend, and the niece of this friend) and she now gets daily care, when she wants and needs it. They also take her places she wants to go (movies, out to dinner, shopping) in her community. She notes she feels her workers are like “family”.

DM- is a 66 year old male in very frail health. (Spouse is Representative.) His son provides his care while the spouse works 4 nights per week. The son had to go through an agency to be paid and was making \$6.76 per hour for his father’s total care needs. DM wanted his son to be compensated appropriately for the work he was doing and enrolled in the Self Determination program. DM notes he feels better about the wage his son is paid to provide his care, and this in turn, reduces the “burdening feeling” he has about his son providing care for him.

BU – BU is 29 year old developmentally disabled male with a rare medical condition that requires a very specific eating regime. His mother is his representative. It was very difficult to train ever changing workers and BU’s representative (his mom) also works full time. She was becoming very depressed and agitated about the constant changes and difficulties with maintaining regular workers. She had a long time family friend, an RN, who just wanted to work part time and she agreed to be hired for BU’s care. BU’s Mom also interviewed another individual referred to her and she hired her as well. This has provided BU and his Mom with a regular schedule of care giving that has provided consistency with his dietary needs with people they both trust.

EH – EH is a 93 year old female, who has late stage Alzheimer’s and requires 24 hour care. Edith’s daughter (who is her rep.) was private paying 2 workers to cover her work schedule. She was running out of money and was going to have to place her mother in a nursing home. She contacted Burnham Brook and her mother qualified for the MI Choice WA program. At the time of assessment, the daughter decided on the Self Determination option, as her mother was very comfortable with the 2 workers she has had in her home for over a year. The daughter figures her mother will be able to remain in her home indefinitely.

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